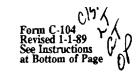
Submit 5 Copies
Appropriate District Office
DISTRICT I P.O. Box 1980, Hobbs NM 88240

## State of New Mexico

## OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

artenast. SEP 2 2 1993



DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

C. ( . D.

I	1018/	ANSPORT OIL A	MD NATUR	AL GAS					
Operator ARCO Oil and Gas Company						Well API No. 30-015-00719			
Address P.O. Box 1710, Hobbs, New Mexic	na 88240								
Reason(s) for Filing (Check proper box)			X Oth	er (Please exp	olain)				
ew Well Change in Transporter of: CHANGE WELL NAME FROM CITGO EMPIRE ABO ecompletion Dry Gas UNIT TR. 3 #5 TO RIVER WOLF #5 hange in Operator Casinghead Gas Condensate									
If change of operator give name and address of previous operator									
II. DESCRIPTION OF WE	LL AND LEA	SE							
Lease Name	Well No	o. Pool Name, Inclu	ding Formation		Kindo State	of Lease Federal or Fee		ase No.	
RIVER WOLF	5	EMPIRE ABO			- FEED	ERAL	LC0287	55A	
Location Unit Letter C	. <u>990</u>	Feet From theN	ORTH Line a	and 1980	Fee	t From The WE	ST	Line	
Section 2 To	wnship 18S	Range 27E	,NMP	M, EDDY		·····		County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS									
Name of Authorized Transporter of Oil  AMOCO PIPELINE CO.  Address (Give address to which approved copy of this form is to be se  BOX 87707 CHICAGO, ILL 60680-0707									
Name of Authorized Transporter of Casinghead Gas    X   Or Dry Gas							71 13 10 DE 31	<i></i>	
If well produces oil or liquids, give location of tanks.	Unit   Sec.   N   35	Twp.   Rg	e. Is gas actually connected? Wh YES 3			n? (22/89			
If this production is commingled with th	1 ' 1 ' 1	1 1	mingling order n	umber:					
IV. COMPLETION DATA			· · · · · · · · · · · · · · · · · · ·		1	1 2 2 10		In many	
Designate Type of Completion	n - (X)	/ell   Gas Well	New Well	Workover	Deepen	Plug Back Sa	ime Res'v	Diff Res'V	
Date Spudded	Date Compl. Read	y to Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Top Oil/Gas F	Top Oil/Gas Pay		Tubing Depth				
Perforations			<u></u>	Depth Casing Shoe					
		ING, CASING AN		IG RECOR	D				
HOLE SIZE	CASING &	D	DEPTH SET			SACKS CEMENT			
						101	111-9	- <u>7</u> -3	
						the hourance			
V. TEST DATA AND REQU			<u> </u>						
OIL WELL (Test must be after Date First New Oil Run To Tank	r recovery of total vo	lume of load oil and n	nust be equal to Producing Met				for full 24	hours.)	
Length of Test	Tubing Pressure		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.			Gas - MCF				
GAS WELL	1		<u> </u>			<del></del>			
Actual Prod. Test - MCF/D	Length Of Test	Bbls. Condensate/MMCF		Gravity of Condensate					
Testing Method (pitot, back pr.)	Tubing Pressure (S	Casing Pressure (Shut-in)		Choke Size					
VI. OPERATOR CERTIFIC			OI	L CONS	ERVAT	ION DIVIS	SION		
I hereby certify that the rules and reg Division have been complied with an is true and complete to the best of my	Date Approved SEP 2 3 1993								
1. 00.1									
Signature SAMES COGBURN OPER. COORD. Printed Name Title			'-	By ORIGINAL SIGNED BY MIKE WILLIAMS DISTRICT II					
Printed Name 9/21/93	(505)39	Title	Title SUPERVISOR, DISTRICT II						
Date	To	elephone No.			ng 新雄 Zing Kina			F100115496939	

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

  3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

  4) Separate Form C-104 must be filed for each pool in multiply completed wells.